

Below are several recent e-news items that may be of interest. Of particular interest may be:

- several of the tools,
- the WEDI letter on future rule or revisions,
- American Medical Colleges webiste with good info on HIPAA topics and several other items.

Please be sure to note that in some cases the information presented may be the opinion of the original author. We need to be sure to view it in the context of our own organizations and environment. In some cases you may need legal opinions and/or decision documentation when interpreting the rules.

Many thanks to all who contributed to this information!!!  
Have a great day!!!  
Ken

Items included below are:

- WEDI Bulletin (ATTACHED)
- [hipaalert] HIPAAalert-Lite Oct. 3, 2001 (ATTACHED)
- Data Junction Newsletter--Vol. 2, No. 8 (ATTACHED)
- [hipaalert] HIPAAalert-Lite 10/10/01 (Attached)
- HIPAA Implementation Newsletter -- Issue #19 - October 5, 2001 (ATTACHED)
- Looking for HIPAA tools
- American Medical Colleges webiste with good info on HIPAA topics
- HCFA Internet Security Policy - NOT A HIPAA RULE
- [hipaalive] Clearinghouses and web-based transactions
- [hipaalive] State Correctional Institutions and "impact criteria"
- [hipaalive] Compliance and organization responsibilities
- [hipaalive] Backup req's
- [hipaalive] Research

\*\*\*\*\* Looking for HIPAA tools

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\*\*\* This is HIPAALive! From Phoenix Health Systems \*\*\*

the correct address for the CPRI Toolkit is:

<http://www.cpri-host.org/toolkit/toc.html>

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Check the following whitepaper, which was suggested by someone on this site

last week. The section on tools starts on about page 58.

<http://snip.wedi.org/public/articles/index.cfm?Cat=17>

By the way, the section on security represents a lot of work by one or more

people so I hate to be critical, but I still think the actual proposed law is easier to read and understand.

Esther Czekalski, CISSP

[hipaalive] Re: TCS: Translation software  
WEDI ([www.wedi.org](http://www.wedi.org)) has a white paper on EDI translator selection.  
Good luck.  
Dave Frenkel

\*\*\*\*\* American Medical Colleges webiste with good info on  
HIPAA topics \*\*\*\*\*  
\*\*\* This is HIPAALive! From Phoenix Health Systems \*\*\*  
The Association of American Medical Colleges has a very detailed resource on  
their site entitled, "Guidelines for Academic Medical Centers on Security  
and Privacy:" <http://www.aamc.org/members/gir/gasp/start.htm>

Kim Diamondidis  
Web Assistant  
Phoenix Health Systems

\*\*\*\*\* HCFA Internet Security Policy - NOT A HIPAA RULE  
\*\*\*\*\*  
\*\*\* This is HIPAALive! From Phoenix Health Systems \*\*\*

I found it helpful to review the . It has a  
section on acceptable methods, encryption models and approaches,  
acceptable  
authentication approaches, acceptable identification approaches and more.

This is very specific and has explanations of various ways to become secure  
whereas HIPAA is somewhat vague. Feel free to contact me personally if you  
would like to discuss further.

<http://www.hcfa.gov/security/iseccplcy.htm>  
<<http://www.hcfa.gov/security/iseccplcy.htm>>  
Catherine Lohmeier  
Project Manager-HIPAA Compliance  
XANTUS Health Plan of Tennessee

\*\*\*\*\* [hipaalive] Clearinghouses and web-based transactions  
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\*\*\* This is HIPAALive! From Phoenix Health Systems \*\*\*

Clearinghouses and web-based transactionsLast month I contacted several of the nation's largest clearinghouses to check on the status of all the HIPAA transactions. All were able to process an ANSI 837 4010 but none where certified as HIPAA compliant. Two said they could process an ANSI 835 but none where doing so at the time. None of them could process a 270/271, 276/277 or 278 on the Web or otherwise. I spoke to individuals in provider sales.

Hope that helps.

Marcallee Jackson  
Long Beach, CA  
562-438-6613

\*\*\*\*\* [hipaalive] RE: State Correctional Institutions and "impact criteria" \*\*\*\*\*

\*\*\* This is HIPAALive! From Phoenix Health Systems \*\*\*

Generally prisons and correctional facilities do not meet the definition of a health plan because they are not a group or individual plan established for the purpose of paying for the cost of health care. However, if you have an on-site facility or individual(s) providing health care to inmates, then that will qualify as a health care provider. Check out the definitions sections at part 160.

Also, we developed an "impact criteria" for our state agencies to give a high level assessment of whether a program or agency is covered under HIPAA

from a public entity prospective. It is available from our website:

[https://www2.wa.gov/dshs/maa/dshshipaa/trans\\_impacttools.htm](https://www2.wa.gov/dshs/maa/dshshipaa/trans_impacttools.htm)

<[https://www2.wa.gov/dshs/maa/dshshipaa/trans\\_impacttools.htm](https://www2.wa.gov/dshs/maa/dshshipaa/trans_impacttools.htm)> , or  
contact

me and I'll email it to you. Good luck in your HIPAA assessment.

Leah Hole-Curry, JD, HIPAA Legal Officer  
WA -DSHS, Office of Legal Affairs  
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\*\*\*\*\* [hipaalive] Compliance and organization responsibilities \*\*\*\*\*

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Frankly I'd be a bit suspicious of a consultant that would guarantee HIPAA compliance, regardless of what is in the contract, it is much like the vendors who say they're HIPAA compliant. And if the consultant does put something in the contract to indemnify you, that could only be

for the civil penalties, no contract can cover the potential criminal penalties.

HIPAA is an organization responsibility, the consultants and vendors can assist you in uncovering potential HIPAA issues, and help you with strategies on how to address the risk. However, it is the organization that ultimately determines how it will be comply with the HIPAA rules.

Christine Jensen  
HIPAA Project Manager  
Denver Health

\*\*\*\*\* [hipaalive] Backup req's  
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\*\*\* This is HIPAAlive! From Phoenix Health Systems \*\*\*

The back-up requirement is contained in the proposed security regulations. As proposed, these deal only with electronic patient data, so there is no requirement to backup hard copy records. While the security rules are still in "proposed" status, folks who know expect the final regulations to be pretty close to the proposed version.

As for a summary of the technical aspects of HIPAA, I don't believe there is any substitute for reading the regulations themselves...(and including the preambles, as regulars on this list are tired of hearing me say).

Bill MacBain  
MacBain & MacBain, LLC  
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\*\*\*\*\* [hipaalive] Research  
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\*\*\* This is HIPAAlive! From Phoenix Health Systems \*\*\*  
"Privacy Board" is a term from the HIPAA privacy regulations. See section 164.512(i). The make-up of a privacy board is described in 164.512(i)(1)(i)(B). However, please read the whole section on use of PHI for research purposes. As with any other use or disclosure without authorization, you want to be sure you fully comply, and fully document your compliance.

Bill MacBain  
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-----Original Message-----  
From: Carol Anne Hrincevich [<mailto:chrincev@rtsx.com>]  
Sent: Monday, October 01, 2001 8:41 AM

To: HIPAAlive Discussion List  
Subject: [hipaalive] Researchh

\*\*\* This is HIPAAlive! From Phoenix Health Systems \*\*\*

Thanks to all for replying to my question about using PHI for internal research purposes. It was very helpful! My next question is: Can anyone define for me the makeup of a "privacy board". I'm familiar with IRB of course, but don't know the difference between IRB and privacy board. If we have to take all of our internal research outcome studies to the IRB, we will go broke! We use a centralized IRB which charges us for every thing - even if we just notify them of a change in the internal staff of a pharmaceutical protocol. They don't just put it on file, they "review" it first and then bill us for their time (even though the protocol doesn't change whatsoever). Obviously, we don't want to incur this expense for our internal studies. We are hoping we can create our own privacy board from members within our organization. But I have not been able to find literature anywhere that defines the makeup of a privacy board. Can anyone out there refer me to a document that has more detail on this subject....or anyone who has experience with their own privacy board? Just to clarify things - we are a radiation therapy organization that primarily treats oncology patients with radiation. It is crucial that we continue to conduct outcome and survival studies on our patients to determine the best and most effective modalities of treatment while minimizing side effects. These outcomes also need to know what other adjuvant treatments patients have received, such as a course of chemotherapy prior to, concurrent with, or post radiation therapy. While abstracting the data (from our patient's medical charts), we obviously use most of the items defined under the "deidentifying" list. However, when the analyses are completed in the aggregate, these identifying data are dropped.